

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107541787 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51					
2		/	/					52					
3			2		/			53					
4			1		/			54					
5			1		/			55					
6			1		/			56					
7	/		/					57					
8		/	/					58					
9			1		/			59					
10		/	/					60					
11			3		/			61					
12			3		/			62					
13			3		/			63					
14			30		/			64					
15								65					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL NO.	2		3					TOTAL NO.					
TOTAL DEP.	19		11					TOTAL DEP.					
TOTAL CLMNS	21		15					TOTAL CLMNS					

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